PATENT APPLICATION FEE DETERMINATION RECO									Application or Docket Number				
Effective October 1, 2003									0995009.7				
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN		
T	OTAL CLAIMS	S	100.00.00							OR 7		ENTITY	
F	OR .		NIMBE	NUMBER FILED		NUMBER EXTRA		RATE BASIC FI	<del></del>	+	RATE BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			/ Cominus 20=			•		XS 9=		اسًا		770.00	
INDEPENDENT CLAIMS			3 minus 3 =		•			X43=		OR	X\$18=		
MI	ULTIPLE DEPE	NDENT CLAIM P							-	OR	X86=	·	
* If the difference in column 1 is less than zero, enter "0" in column 2								+145=		ОЯ	+290=		
CLAING AC ANTHOED DARTH											<u> </u>		
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	IER USLY	PRESENT EXTRA	1	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	. 16	Minus	-2	<u> </u>	.0		X\$ 9=		OR	X\$18=		
AME	Independent	<u>نځ</u>	Minus		2	الي		X43=		OR	X86=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
2 - 0 2/								TOTAL ODIT, FEE		ОЯ	TOTAL		
Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	· 16	Minus	- )	0	= \		X\$ 9=		OR	X\$18=,		
AME	Independent	NTATION OF MI	Minus	SENDENT (	3	-	I	X43=.		OR	XB6=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
								TOTAL DOTT. FEE		OR ,	TOTAL VOOIT, FEE		
	·	(Column 1)		(Colum		(Column 3)				_		·	
EXIC		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID FI	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
₹[	Total	•	Minus	••		•		X\$ 9-		OR	X\$18=		
AMENDMENT	Independent	•	Minus	***		c	H	X43=			X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM													
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **OPT SEE  OR +290=  OR ADDIT SEE													
	the "Highest Nur	niber Previously Paid ber Previously Paid	Id For IN THE	S SPACE IS	less tha	n 3, enter "3."	•	OUT. FEE	ليجسجس	• •	DOTT, FEEL 1300 1.		
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